

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	T-D		4-19-00
<b>O.I.P.E. CLASSIFIER</b>		19	4-29-00
<b>FORMALITY REVIEW</b>		711634	6/15/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓✓	7/25/00
2 ✓✓	8/4/00
3 ✓✓	
4 ✓✓	
5 D O	
6 D O	
7 ✓✓	
8 O O	
9 D C	
10 D O	
11 ✓✓	
12 D O	
13 D O	
14 O O	
15 D O	
16 D O	
17 D C	
18 ✓✓	
19 O O	
20 D C	
21 D ✓	
22 D O	
23 D O	
24 D O	
25 D O	
26 D O	
27 D O	
28 ✓✓	
29 ✓✓	
30 ✓✓	
31 ✓✓	
32 D O	
33 D O	
34 ✓✓	
35 D C	
36 D C	
37 D O	
38 ✓✓	
39 D O	
40 D O	
41 D O	
42 D O	
43 D O	
44 D O	
45 ✓✓	
46 D O	
47 D O	
48 D ✓	
49 D O	
50 D O	

Claim	Date
Final	
Original	
51 D O	7/25/00
52 D O	
53 D O	
54 D O	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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